

WEEKLY BULLETIN

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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GUY P. JONES
Editor

THE PREVENTION OF HEARING IMPAIRMENTS

All of the larger cities of California and many of the smaller communities have local organizations that work in the interest of the hard of hearing. All of these local chapters are constituents of the American Society for the Hard of Hearing which has its headquarters in Washington, D. C. During the past few years, these chapters, as well as the National organization, have developed intensive interest in the prevention of hearing impairments, with particular reference to children.

Warren H. Gardner, Ph.D., Consultant in Hearing and Vision, Division of Maternal and Child Health, Oregon State Board of Health, Portland, has recently been elected president of the American Society for the Hard of Hearing. He has accomplished outstanding results in surveys of hearing losses in Indiana, Iowa and Oregon. His election to the presidency of the National organization has given added impetus to the study of hearing impairments from a public health standpoint.

Large groups of hard of hearing individuals in California have met recently to develop a program to prevent hearing impairments in California children. These are difficult times in which to plan any long-range program that deals with such a highly technical subject as the prevention of hearing impairments, for the simple reason that large numbers of otologists and other technicians have been drawn into the armed services, and there is a great lack of skilled treatment that can be given only by a doctor of medicine who has specialized in the treatment of aural defects; nevertheless, there is a great deal that public health

workers may accomplish in the prevention of hearing impairments.

It is well-known that measles, whooping cough, diphtheria, scarlet fever and common colds are important factors in the production of conditions that may lead to such impairments. Every child who suffers from an attack of any of these diseases should have periodical examinations of his throat, nose and ears. Such examinations, in fact, should be done at least every six months for a period of several years following the attack. The control of respiratory infections that commonly attack children and careful examination and treatment of respiratory organs following such an attack constitutes perhaps the greatest contribution that health officers can make in the prevention of hearing impairments.

At this time, however, the maintenance of high standards of health in each individual child assumes a greater importance in the prevention of hearing defects than may be generally recognized. It is well-known that malnutrition, glandular diseases and many other conditions that affect the health of the whole child may play important parts in the production of impaired hearing as well as impairments of other senses. It is highly important, therefore, that physical examinations of children be maintained during the war emergency without any interruption to the child health conferences and clinics that always constitute such an important factor in the child hygiene program.

The audiometric test is used quite commonly in most of the larger centers of population and many cases of impaired hearing have been discovered early through the use of the audiometer. Most of the larger

school departments own and use equipment for making audiometric tests. The percentage of cases of impaired hearing discovered through this method is exceedingly low. Hearing loss in many is apparent without resorting to the audiometric test. It would seem that greater economy might be practiced without radical losses in results. This might be achieved by using the audiometric test only after the complete physical examination had indicated conditions that might lead to hearing impairments.

At this time, when public health personnel is decidedly reduced, the audiometer should be used in much the same manner as the X-ray is used in the examinations of individuals who may be tuberculous. Since economy in all governmental procedures, outside of the war agencies, must be practiced now and for a long period of time ahead, it would seem advisable to use the audiometric test only in those individual cases where there is an indication of the possibility that hearing impairment may develop.

Dr. Gardner in an address given before the American School of Health Association last Summer stated that in Oregon the incidence of hearing defects among first-grade children was 6.9 per cent as compared to 4.2 per cent for the rest of the school population. Plans are being made now to test the hearing of Oregon children of preschool age. In the present emergency, the early detection of hearing impairment is very important, but without the elaborate facilities needed for the purpose, it is virtually impossible to carry on the elaborate program that is suggested.

In some communities of California specialized programs upon behalf of hard of hearing children are being carried on assiduously. Kern County is one of these. The health department of that county maintains a service clinic for the hard of hearing which is conducted jointly by the health department and the general hospital. It is possible that other counties in California have the facilities by which complete physical examinations, audiometric tests, X-ray therapy, laboratory tests, special otological examinations and corrective surgery may be provided. It is hoped that other counties where such facilities are available may carry on similar activities.

The hard of hearing adults of California, through their established organizations, are directing tremendous pressure for the development of these activities. In spite of the war they desire to institute and carry on intensive programs for the prevention of hearing impairments in children. How successful these efforts may be will depend very largely upon the attitude of local health officers and to an even greater extent upon the availability of the elaborate facilities that are needed.

FREDERICK F. GUNDRUM, M.D.

Dr. Frederick F. Gundrum, who was a member of the California State Board of Public Health from 1915 to 1932, died suddenly in Sacramento on October 23d. Dr. Gundrum was Vice President of the board during the 17 years that he served as a member. He came to Sacramento in 1910, after having completed his education at Stanford University with a medical course at the Johns Hopkins University. Upon his arrival in Sacramento, epidemic poliomyelitis was widespread in its prevalence, and Dr. William F. Snow, then Executive Officer of the State Board of Health, secured Dr. Gundrum's services in making epidemiological investigations into poliomyelitis, the first investigations of the sort that were ever made in this State. It is interesting to note that Dr. Gundrum encountered paralyzes in horses coincidentally with cases of infantile paralysis in human beings. Since equine encephalitis has appeared quite extensively in California during recent years, this early observation of Dr. Gundrum is of importance.

He was particularly successful as an internist and during the 32 years that he practiced medicine in Sacramento, gained wide prestige and his services were in great demand as a consultant. During the past few years, his health failed, but he had continued to maintain his practice with but little interruption.

Dr. Gundrum was noted for his conscientiousness, honesty of opinion and frank expression of his opinions. He contributed in a very large measure to the development of the State public health organization in California. Although he had been out of office for 10 years, he maintained an active interest in public policies in both medicine and public health. His sudden passing removes a man who always stood for the highest standards in medical procedure and whose endeavors in the advancement of preventive medicine were pronounced factors in the upbuilding of public health and medicine in California.

"And in the end, through the long ages of our quest for light, it will be found that truth is still mightier than the sword. Because out of all the welter of human carnage and human sorrow and human weal the one great indestructible thing that will always live on is a sound idea."—Gen. Douglas MacArthur.

"Minorities are rich assets of democracy, assets which no totalitarian government can afford. For the majority itself is stimulated by the existence of minority groups. The human mind requires contrary expressions against which to test itself."—Wendell L. Willkie.

CONSERVATION OF PRINTING

The mailing list of the Weekly Bulletin of the California State Department of Public Health will undergo revision shortly. Cards will be mailed to all individuals whose names are upon the mailing list, and if responses are not received promptly, names will be removed from the list. It has been the policy of the department to revise its mailing list at periodic intervals, in order that its funds might be conserved and in order that the publication might go only to individuals who will make use of it.

In this connection it is requested that requests for printed as well as mimeographed publications of the department be kept at a minimum, because of the difficulties experienced in keeping such publications in stock. Many repeat requests for such publications are received. It is important that all printing stocks be carefully conserved, in order that adequate service for all local officials may be maintained.

SEAL SALE TO OPEN

Sixty-two tuberculosis associations in the State, affiliated with the California Tuberculosis Association, will open the thirty-sixth annual sale of Christmas Seals on Monday, November 23d.

The associations, supported by this annual appeal, are laying special emphasis this year on the health protection of industrial and agricultural workers producing war materials, although other activities have not been curtailed. The associations work in close cooperation with the Bureau of Tuberculosis of the California Department of Public Health and local health officials.

NEW HEALTH OFFICER AT PORTERVILLE

Dr. Frank L. Wiens has been appointed City Health Officer of Porterville to succeed Dr. Philip S. Barber.

"We Americans can not successfully maintain even our domestic freedom here, unless we help to restore freedom in every land where it has been threatened or wiped out. That is not an academic question: it is a question of life and death for all that humanity holds dear. And as such, it is an immediate summons to action."—Lewis Mumford.

REVISED LIST OF REPORTABLE DISEASES

Reportable Only:

Anthrax
Botulism—if commercial product notify State Department of Health at once.
Coccidioidal Granuloma
Dengue—keep patient in mosquito-free room.

Epilepsy
Food Poisoning
Glanders—report by phone or telegraph.
Jaundice—infectious or epidemic types.
Malaria—keep patient in mosquito-free room.
Pneumonia—specify type of pneumococcus, if known.
Relapsing Fever
Rheumatic Fever
Rocky Mountain Spotted Fever
Tetanus
Trichinosis
Tularemia
Undulant Fever

Reportable and Subject to Isolation:

Epidemic diarrhea of the newborn (in institutions)
Chickenpox
Dysentery—Amoebic
Dysentery—Bacillary—specify type, if known.
German Measles
Influenza
Measles
Mumps
Ophthalmia Neonatorum
Psittacosis
Rabies—in animals. Use special card.
Rabies—in humans.
Septic Sore Throat (in epidemic form).
Trachoma
Tuberculosis—use special card.
Whooping Cough
Syphilis—use special card.
Gonorrhea—use special card.
Chancroid—use special card.
Lymphopathia Venereum—use special card.
Granuloma—Inguinale—use special card.

Reportable and Subject to Quarantine and Placarding:

Cholera—report by telephone or telegraph to State Department of Health.
Diphtheria
Encephalitis (Infectious)—specify type, if known.

NOTE: This means all forms of acute encephalitis such as St. Louis type, equine type, and any other epidemic form occurring in California.

Leprosy
Meningitis (due to the meningococcus).
Paratyphoid Fever—specify type A or B.
Plague—report by telephone or telegraph to State Department of Health.
Acute Anterior Poliomyelitis
Scarlet Fever
Smallpox
Typhoid Fever
Typhus Fever
Yellow Fever—report by telephone or telegraph to State Department of Health.

MORBIDITY*

Complete Reports for Certain Diseases Recorded for Week Ending October 31, 1942

Chickenpox

376 cases from the following counties: Alameda 41, Contra Costa 6, Fresno 8, Humboldt 7, Kern 11, Lassen 4, Los Angeles 47, Marin 3, Merced 9, Modoc 23, Monterey 8, Napa 4, Orange 21, Riverside 14, Sacramento 9, San Bernardino 2, San Diego 81, San Francisco 29, San Joaquin 8, San Mateo 4, Santa Barbara 2, Santa Clara 13, Santa Cruz 1, Solano 6, Sonoma 6, Stanislaus 2, Sutter 1, Tulare 8, Yolo 2.

German Measles

56 cases from the following counties: Alameda 5, Los Angeles 16, Modoc 20, Orange 1, San Diego 5, San Francisco 4, Sonoma 1, Sutter 3, Yolo 1.

Measles

26 cases from the following counties: Alameda 4, Kern 1, Los Angeles 10, Modoc 2, San Bernardino 1, San Diego 1, San Francisco 6, San Joaquin 1.

Mumps

366 cases from the following counties: Alameda 28, Contra Costa 5, Eldorado 1, Fresno 13, Humboldt 13, Kern 3, Kings 4, Los Angeles 120, Marin 2, Merced 3, Monterey 3, Napa 7, Orange 7, Plumas 3, Sacramento 3, San Bernardino 4, San Diego 60, San Francisco 30, San Joaquin 30, San Mateo 2, Santa Barbara 1, Santa Clara 15, Sonoma 1, Stanislaus 6, Tulare 1, Yolo 1.

Scarlet Fever

114 cases from the following counties: Alameda 5, Fresno 7, Kern 3, Kings 1, Lassen 9, Los Angeles 34, Monterey 1, Orange 1, Plumas 1, Riverside 3, Sacramento 3, San Bernardino 3, San Diego 12, San Francisco 6, San Joaquin 13, Santa Clara 1, Solano 4, Stanislaus 1, Tulare 5, California 1.**

Whooping Cough

225 cases from the following counties: Alameda 35, Contra Costa 3, Fresno 2, Kern 8, Kings 1, Los Angeles 76, Merced 1, Modoc 1, Monterey 2, Orange 11, Riverside 1, Sacramento 7, San Diego 23, San Francisco 6, San Joaquin 10, San Luis Obispo 4, Santa Clara 7, Santa Cruz 3, Solano 1, Sonoma 20, Stanislaus 2, Tulare 1.

Diphtheria

42 cases from the following counties: Kings 1, Los Angeles 15, Marin 1, Napa 7, Orange 2, Sacramento 7, San Diego 1, San Francisco 1, San Joaquin 1, Solano 1, Tulare 2, Yolo 1, Yuba 1, California 1.**

Epilepsy

67 cases from the following counties: Fresno 1, Kern 2, Los Angeles 47, Riverside 1, Sacramento 8, San Francisco 1, San Joaquin 2, Sonoma 5.

Coccidioidal Granuloma

2 cases from the following counties: Kern 1, Kings 1.

Diarrhea of Newborn (Epidemic)

One case from Los Angeles County.

Dysentery (Bacillary)

14 cases from the following counties: Contra Costa 1, Los Angeles 7, Mendocino 2, Merced 1, San Francisco 2, Sonoma 1.

Encephalitis (Infectious)

11 cases from the following counties: Kern 8, San Joaquin 2, Sutter 1.

Food Poisoning

7 cases from the following counties: Alameda 1, Los Angeles 4, San Diego 2.

Influenza (Epidemic)

30 cases reported in the State.

Malaria

One case from Kings County.

* Data regarding the other reportable diseases not listed herein, may be obtained upon request.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Meningitis (Meningococcal)

6 cases from the following counties: Alameda 2, Los Angeles 2, Orange 1, San Diego 1.

Pneumonia (Infectious)

53 cases reported in the State.

Poliomyelitis (Acute Anterior)

24 cases from the following counties: Los Angeles 17, Marin 1, San Diego 2, San Francisco 1, San Mateo 1, Solano 1, Yolo 1.

Rabies (Animal)

9 cases from the following counties: Fresno 6, Los Angeles 2, San Diego 1.

Rheumatic Fever (Acute)

2 cases from the following counties: Los Angeles 1, Napa 1.

Smallpox

One case from San Diego County.

Tetanus

3 cases from the following counties: Kings 1, San Diego 1, Yolo 1.

Typhus Fever

2 cases from the following counties: Los Angeles 1, San Diego 1.

Undulant Fever

5 cases from the following counties: Fresno 2, Humboldt 1, Los Angeles 2.

"These are the times that try men's souls; the Summer Soldier and the Sunshine Patriot will, in this crisis, shrink from the service of his country, but he that stands it now deserves the love and thanks of Man and Woman."—Thomas Paine.

"What an exciting super-tomorrow it will be! Americans are today making the greatest scientific developments in our history. That is a promise of new levels of employment, industrial activity and human happiness."—Clarence Francis.

The rural dweller in the United States has, on the average, four or five years longer life than the urban resident. Among white males dwelling in rural areas the average length of life is 62.09 years, while for urban residents, it is 56.73 years. The corresponding figures for white females are 65.09 years and 61.05 years. These figures are based on the calendar year 1930.—Louis L. Dublin, Ph.D.

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